

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36272

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **9 1003**
(c) City..... (d) Street No. **ENROUTE CITY HOSPITAL NO. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **JAMES F. FINNEGAN**

(a) Residence, No. **2302A BENTON ST.** St. **20** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **AMELIA FINNEGAN**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOV. 23, 1868**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 10 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **STONE MASON**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS, MO.**
(STATE OR COUNTRY)

13. NAME **JOHN FINNEGAN**

14. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

15. MAIDEN NAME **CATHERINE MC CORMICK**

16. BIRTHPLACE (CITY OR TOWN) **IRELAND**
(STATE OR COUNTRY)

17. INFORMANT **JOSEPH FINNEGAN**
(ADDRESS) **2302A BENTON ST.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **CALVARY CEMETERY** DATE **OCT. 25, 1937**

19. FUNERAL DIRECTOR **Goodhue & Goodhue**
(ADDRESS) **2228 Louis Ave**

20. FILED **OCT 21 1937**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/22/1937**

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at **6 P.M.**
The principal cause of death and related causes of importance were as follows:

Hemorrhage due to cervical spine fracture and laceration of intestine due to being struck by auto driven by James Morris near the intersection of 23rd and St. Louis Ave about 5:50 P.M. Oct. 22 - 1937
Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **10/22/1937**
Where did injury occur? **St. Louis**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Joseph M. Zuerch** (Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Valkenison
..... L. E.
No. 3575 or by Registered Apprentice No.
working under my personal supervision.

Signed Charles Goodhart
Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)